THIS AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY REQUEST FOR THE REPLACEMENT OF MY NEW YORK STATE PARKING PERMIT FOR PERSONS WITH SEVERE DISABILITIES. ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO PENAL LAW §210.45 AND VEHICLE AND TRAFFIC LAW §1206-A(4) OF THE STATE OF NEW YORK AND WILL RESULT IN THE IMMEDIATE REVOCATION OF SAID PERMIT.

STATE OF NEW YORK)
)SS:
COUNTY OF OSWEGO)

I, _____ RESIDING AT
(Print full name)

_____
(Print current residence address)

BEING DULY SWORN, DEPOSE AND SAY THAT I SUBMITTED AN APPLICATION FOR A NEW YORK STATE PARKING PERMIT FOR PERSONS WITH DISABILITIES

MY DISABILITY IS (Please Check One) ¡ Permanent ¡ Temporary

THE PERMIT MUST BE REPLACED DUE TO THE FOLLOWING CIRCUMSTANCE:
(Please check appropriate statement)

¡ *Permit # _____ issued on _____ was never received in the mail
¡ *Permit # _____ issued on _____ is presumed lost as of _____
¡ *Permit # _____ issued on _____ was stolen on _____
¡ Permit # _____ issued on _____ is worn out

* If said Permit is recovered at later date, I shall return it to the Town Clerk's Office.

_____
(Signature of Applicant or Authorized Representative)

Sworn before me this _____
Day of _____, 20_____ _____
(Date Signed)

_____
Notary Public

REV 07/03DJA